

TEEN DRIVER CHALLENGE

Presented by

THE FLORIDA SHERIFF'S ASSOCIATION

&

THE LAKE COUNTY SHERIFF'S OFFICE

PEYTON C. GRINNELL, SHERIFF

Teen Driver Challenge Two-Day Course

Check website for dates:

<https://www.lcso.org/ouryouth/tdc/>

Students will need to attend all hours on both days.

Students will not be allowed to leave during the training session.

Lunch will be provided by the Lake County Sheriff's Office.

Friday classes 5pm-9pm, Saturday classes 8am-5pm

INSTITUTE OF PUBLIC SAFETY DRIVING RANGE

13000 FRANKIE'S RD

TAVARES FL 32778

To register, complete all forms and return to:

Lake County Sheriff's Office

ATTN: Community Services

10401 US Highway 441

(Lake Square Mall Office)

Leesburg FL 34788

Phone: (352)326-8108

Fax: (352)365-2804

Email to: TeenDriver@lcso.org

DO NOT DELAY SINCE SPACE IS LIMITED

For further information please visit www.lcso.org



Lake County Sheriff's Office and Florida Sheriff's Association

Teen Driver Challenge Student/Parent Instructions

Thank you for your interest in the Teen Driver Challenge.

Parents, to enroll your teenager into the Teen Driver Challenge training, please fill out these forms and return them to the Teen Driver Coordinator at The Lake County Sheriff's Office ATTN Community Services 10401 US Highway 441, Leesburg FL 34788. If you have any questions, please call 352-326-8108. Or email teendriver@lcsso.org. To expedite the enrollment process, the following forms must be completed, signed, and notarized. Free notarization services are available upon request. All registration paperwork must be completed and turned in PRIOR to the beginning of the course. Students with incomplete forms will not be allowed to participate.

1. The "Parental Permission" form (2 pages).
2. The "Student Statement of Voluntary Participation" form (1 page).
3. The "Vehicle Owner's Statement and Permission" form (1 page). A copy of the student's driver's license and copies of the vehicle to be used, registration and current insurance must be attached to the Owner's Statement form.

Vehicle Information

The student must provide a vehicle for the driving exercises.

We recommend that the vehicle should be the one they will drive the majority of the time. The vehicle must be in a good mechanical condition. All equipment on the vehicle must work. Tires and brakes need to be in a better than average condition. A vehicle inspection will be performed on every vehicle before the driving exercises begin.

General Information

Please enter the training program with an open mind and leave any attitudes at home. You will be given breaks and a one hour lunch. Please arrive for each class early which will help us start and finish on time. We recommend that you bring some cold drinks, snacks, and sunscreen with you. Restrooms are available.

Please Note

If you have a Learner Restricted license, you must have a fully licensed driver, over the age of 21, in the front seat with you, when you arrive and leave this training. *It's The Law!*



Lake County Sheriff's Office

Florida Sheriff's Association Teen Driver Challenge Parental Permission Form and Release of All Claims

Student Information

Name of Student _____ Age _____

Name of School Currently Attending _____ Grade _____

Date of Birth _____ Place of Birth _____

Name of Parents or Legal Guardian _____

Current Address _____

City _____ State _____ Telephone Number _____

Are there any health issues we should be aware of? No Yes, Explain _____

Is any medication being taken that will in any way effect the safe operation of a vehicle? No Yes, Explain _____

Email Address: _____

Is this course court ordered? No Yes

Have you ever previously attended a Teen Driver Challenge Course? No Yes

I have been informed that my child's full name, address, date of birth, and driver's license number will be released to the Florida Sheriff's Association Teen Driver Challenge upon request.

I hereby give my consent for the above-named student to participate in the FSA Teen Driver Challenge offered by the Lake County Sheriffs Office.

I state this consent is given with the understanding that:

- (1) The training course involves moving vehicles being operated by inexperienced drivers.
- (2) The above-named student will be operating a vehicle with the express written consent of the owner of the vehicle.
- (3) Damage may occur to the vehicle that the above-named student is driving or to other vehicles involved in the course.
- (4) The above-named student's participation in this course subjects the student to a risk of serious, catastrophic, permanent injury, or even death.

If I am not the owner of the vehicle which the above named student intends to use while taking this course, I hereby certify that the owner has consented to the use of his/her vehicle and has authorized the use by completing the VEHICLE OWNER'S STATEMENT OF PERMISSION AND RELEASE OF ALL CLAIMS attached. I certify that the vehicle which the above-named students will use in this course is in good working order, including the vehicle's engine, brakes, suspension, steering, and tires.



Lake County Sheriff's Office

Florida Sheriff's Association Teen Driver Challenge

Parental Permission Form and Release of All Claims

I HEREBY RELEASE AND AGREE TO HOLD HARMLESS FROM LIABILITY, THE FLORIDA SHERIFFS ASSOCIATION., THE LAKE COUNTY BOARD OF COUNTY COMMISSIONERS, THE LAKE COUNTY SHERIFF'S OFFICE, THE SHERIFF, EMPLOYEES, INSTRUCTORS, AGENTS OR APPARENT AGENTS, AND OTHER PARTICIPANTS IN THE COURSE. FOR ANY AND ALL CLAIMS, DEMANDS, DAMAGES, ACTIONS, CAUSES OF ACTION, INCLUDING ANY ACTS OF NEGLIGENCE, OR SUITS IN EQUITY, OF WHATSOEVER KIND OR NATURE.

I GIVE PERMISSION TO THE LAKE COUNTY SHERIFF'S OFFICE TO USE PHOTOGRAPHS AND/OR VIDEO IMAGES OF MY CHILD FOR MEDIA COVERAGE, OR FOR ANY OTHER USE DEEMED APPROPRIATE BY THE SHERIFF.

(These forms may be signed before either an LCSO representative OR a notary public, whichever is more convenient.) **You must attach copies of your driver's license, vehicle registration and current vehicle insurance.**

LCSO Representative (Witness) Date

Parent/Legal Guardian's Signature Date

Witness Name Printed

Parent/Legal Guardian's Printed Name

STATE OF FLORIDA
COUNTY OF LAKE

BEFORE ME personally appeared _____, to me well known to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this _____ day of _____, 20____.

NOTARY PUBLIC

Personally known: _____

Provided _____ as Identification

My Commission expires: _____

FLORIDA SHERIFFS ASSOCIATION TEEN DRIVER CHALLENGE

STUDENT INFORMATION

INCOMPLETE APPLICATIONS WILL BE RETURNED AND THE STUDENT RESCHEDULED FOR ANOTHER CLASS DATE

N/A SHOULD BE USED IN AREAS THAT DO NOT APPLY TO THE STUDENT

_____ Date Recvd

_____ Recvd By

NAME <small>(As it appears on drivers license)</small>				DATE OF BIRTH 00/00/0000		
RACE	WHITE	HISPANIC/LATINO	ASIAN	SEX	DRIVERS LICENSE NUMBER	STATE
	BLACK/AFRICAN AMERICAN			Male		
	HAWAIIAN/PACIFIC ISLANDER			Female		
	AMERICAN INDIAN/ALASKAN NATIVE		OTHER			

STREET ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS <small>(If different than above)</small>				
HOME PHONE	CELL PHONE	HIGH SCHOOL		GRADE
STUDENT EMAIL				
PARENT/LEGAL GUARDIAN			CONTACT PHONE	
PARENT/LEGAL GUARDIAN EMAIL				

Are you taking medication that would affect your ability to operate a vehicle?	Yes	No
Are there any health issues that prevent you from participating in the program?	Yes	No

STUDENT SIGNATURE Date

PARENT/LEGAL GUARDIAN SIGNATURE Date

- The following documents must be completed and accompany this form at the time of application:
- TEEN DRIVER RELEASE OF ALL CLAIMS
 - STUDENT STATEMENT OF PARTICIPATION AND RELEASE OF ALL CLAIMS VEHICLE
 - OWNER'S STATEMENT OF PERMISSION AND RELEASE OF ALL CLAIMS
 - SEATBELT CONVINCER WAIVER (This form will be provided by the Sheriff's office if a seatbelt convincer is used during the course.)
 - COPY OF STUDENTS DRIVERS LICENSE AND VEHICLE INSURANCE CARD

Waiver and General Release of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

The Florida Sheriffs Association, the agencies that conduct the Teen Driver Challenge Program, and premises upon which training occurs, including each of their affiliates, subsidiaries, members, employees, officers, instructors, aides, and/or agents (the “Released Parties”) cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while participating in this Teen Driver Challenge Course utilizing the Released Parties’ services or premises (collectively, the “Course”). It is not possible to prevent against the presence of the disease. Therefore, if you choose to participate in the Course, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself, and for my family members or others who I may expose, in order to participate in the Course. These services are of such value to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate in the Course.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against the Released Parties in connection with exposure, infection, and/or spread of COVID-19 related to my participation in the Course. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence, and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

OTHER TERMS: I fully understand and agree that (a) this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida; (b) if any portion of this Agreement is for any reason held invalid or legally unenforceable, then the balance shall, notwithstanding, continue in full force and legal effect; and (c) I have had the opportunity to ask any questions about this Agreement and I fully understand its terms and meaning.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS WAIVER AND GENERAL RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____ Date: _____

Name (printed): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Waiver and General Release.

Signature: _____ Date: _____

Name (printed): _____